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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) 376462001700 | |
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|--|------------------------------|
| In re Application of Benjamin FRYDMAN et al. | |
| Application Number 10/606,016 | Filed June 24, 2003 |
| For: PORPHYRIN-POLYAMINE CONJUGATES FOR CANCER THERAPY | |
| Art Unit 1614 | Examiner Not Yet Assigned |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

| | |
|---|------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2010.00 |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 1005.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.

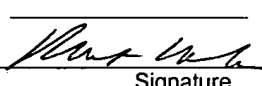
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 39,933

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

April 13, 2004
Date

(650) 813-5715
Telephone Number


Signature
Robert K. Cerpa
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

| | | | |
|-------------------------------------|----------|---|----------------------|
| <input checked="" type="checkbox"/> | Total of | 1 | forms are submitted. |
|-------------------------------------|----------|---|----------------------|

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